

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA
DOCKET REQUESTS VIA ELECTRONIC ACCESS

PLEASE PRINT:

Name:_____

Firm/Company:_____

Address:_____

City:_____ **State:**_____ **Zip Code:**_____

Phone No.:_____ **Fax No.:**_____

Case Numbers: (Please indicate case type - Civil, Criminal, Magistrate, Misc., Asbestos)

PLEASE CHECK ONE:

Mail dockets and the bill for electronic access to the above address.

Mail Fax the dockets to the above address and charge the bill for
electronic access to my: Visa MasterCard .

Card Number:_____ **Exp. Date:**_____

Signature:_____

I will pick up dockets on _____.

I hereby authorize the above-listed dockets to be prepared via electronic access. I understand the cost will be \$0.50 per page.

Signature:_____ **Date:**_____